**Blood Spot Collection**

**Preparation**

* Wash hands with warm water and gently massage finger

****from palm to tip.

**A.**

* Choose finger tip (middle or ring finger of non-dominant

hand is best) and wipe with alcohol wipe.

**Sample Collection**

* Twist and remove lancet cap (**A**).
* Hold lancet firmly against side of finger tip and press down

until you hear a click (**B**).

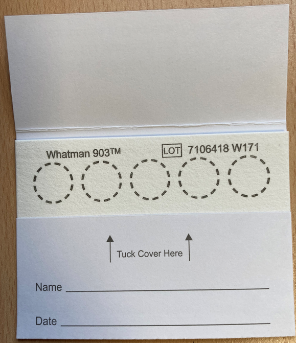
**B.**

* Wipe away first show of blood with a tissue.

For blood spot card (**C**):

* Use gentle intermittent pressure to the surrounding area

to **produce a hanging drop** – allowing the drop to form fully

****(**D**) is important to produce a high quality sample.

**C.**

* Allow drop to fall onto circle on card or gently touch blood

drop to the card - **avoid pressing finger tip against card.**

* Only apply a single drop to each circle on card. A quality

spot will fill or nearly fill the circle and **fully soak through to**

**the other side of card (E)**. If a spot is poor quality you can

move on to the next circle and try again.

* See tips below to increase blood flow if having difficulty

**D.**

generating a hanging drop.

A picture containing meter, different

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multiple spots

too small

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**E.**

**A picture containing rug, food

Description automatically generatedTips to increase blood flow if having difficulty producing a**

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Front

**hanging drop:**

* **Try warming hands by rubbing them together**

Back

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* **Stand up to improve blood flow**

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* **Drink a glass of water to ensure you are hydrated**

**Packaging up**

* Leave dried blood spot card open at room temperature

to dry 3-4 hrs (or overnight if more convenient).

* Tuck flap of card in and pack into the provided ziploc bag

containing desiccant, then into the small envelope with your

study ID number on.

**Your samples are now ready to be returned in post in the packaging provided – please complete the slip below and put it in the packaging with the samples.**

BILAG BR study ID: …………………… (Admin use only)

Date sample collected:…………………………..

Date booster/3rd dose Covid-19 vaccine received, or date you are due to have this: …………………………